

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. **101719696**

FILING DATE **11/21/08**

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		2				
8		1				
9		1				
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50						
TOTAL IND.	1					
TOTAL DEP.	13					
TOTAL CLAIMS	14					
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